New Jersey. Crippled Children's Commission

Cerebral Palsy Program

NEW JERSEY STATE

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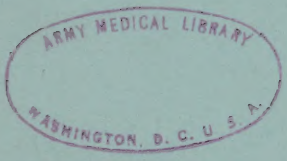

NEW JERSEY STATE
CRIPPLED CHILDREN'S COMMISSION

TRENTON,
N. J.
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BY

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CEREBRAL PALSY PROGRAM
INTRODUCTION

Reasons for

The New Jersey Cerebral Palsy Program came into being early in 1936. There were three principal reasons for its initiation. First, the Commission was conscious of the need for a systematic attack on the problem of cerebral palsy. A certain per cent of crippled children registered with the Crippled Children Commission were cerebral palsy cases. A few of these children had been treated surgically but by far the majority of them had received no treatment because of a lack of facilities other than that of an operative type. Second, the basis for crippled children's work in the State was well established. Location, registration, hospitalization and convalescent care were all in operation, so that the expansion of crippled children's work could go in the direction of new fields of work and in the elaboration of the already existing phases when the opportunity presented itself. Third, Federal grants under the Social Security Act, with financial cooperation of the County Boards of Freeholders, made possible the establishment of the project from a financial point of view. Briefly then, a need for services to the cerebral palsied was recognized and was acted upon when the Federal program and county cooperation made possible an elaboration of services to crippled children of the State.

Preliminary Planning

A planning committee was appointed by the Commission for the purpose of drawing up a working plan for the Cerebral Palsy Program. The membership of the committee was composed of individuals especially interested in crippled children, with a knowledge of some of the problems presented by the cerebral palsied in particular, and representing organizations and agencies concerned in some manner with the welfare of this type of child; such as, the New Jersey State Medical Society, the Association of Orthopaedic Surgeons, and the New Jersey State Department of Institutions and Agencies.

The Plan—Its Aims

The plan submitted by the special committee and ultimately adopted by the Commission consists of three phases—survey, treatment, and training of physical therapy personnel. The cerebral palsy survey is state-wide in its scope, and is designed to provide information on the problem of cerebral palsy in its ramifications. The treatment program was planned on an experimental basis to determine what response could be expected from children

receiving intensive training in muscle re-education. The physical therapist training program was proposed to train personnel in the special methods and techniques employed in the muscle re-education of the cerebral palsied, to meet the needs of an expanded treatment program.

GENERAL WORKING PLAN
SURVEY

Staff

Medical director of Cerebral Palsy Program—part time; psychologist, administrative officer in charge— full time; senior clerk stenographer— full time, as well as the part time assistance of; the Commission's orthopedic nurses and other nurses cooperating with them, and the physical therapists of the various units.

Referral

Any child in the State suspected of being, or known to be, a cerebral palsy case is eligible for referral to the clinics held in connection with the survey. In actual practice, these children are referred to the Commission by parents, family physicians, medical specialists, hospitals, schools, and other interested people, institutions, and agencies.

Investigation

Once a child's name has been listed with the Commission, an investigation is made primarily for the purpose of obtaining a history and a record of the present status of the case. The investigation is made as a rule by a member of the Commission's orthopaedic nursing staff, or by a nurse or social worker of a cooperating organization or agency. The record is taken on a standard form and covers those phases of the history that are apt to prove pertinent to a better understanding of the child and his condition.

Listing for Clinics

Upon receipt of the above mentioned form, the information contained thereon is abstracted in preparation to seeing the child at some future clinic.

Clinics

The clinics of two days duration each are held on an average of ten a year. They are held in various sections of the State, depending upon the geographic distribution of the children to be presented. They are located in hospitals or some other cooperating institution. About fifty children are scheduled for each two day clinic. The children are presented at the clinics by appointment, and are brought there by their parents in instances where

they have their own means of transportation. In cases where transportation is not available, the Commission's orthopaedic nurses, or other nurses or social workers, transport them.

The clinics consist of two examinations, one physical and the other mental. The medical specialist is especially concerned with type, cause, extent, degree, treatability, and prognosis of the physical handicap. The psychologist reports on mental diagnosis, social maturity, level and type of intelligence, stability and educability. Detailed reports of each examination are supplied by the examiners.

Follow-up

Each child is then classified for treatment purposes. At the beginning of the project it was deemed advisable, for economic and social reasons to limit physical therapy treatment to those within a given age limit, of average or better level of intelligence, of the milder degrees of handicap, who offered a good treatment prognosis. However, all children are classified in terms of their treatment possibilities, so that they can be referred for treatment if and when it is found possible to extend the program.

Specific recommendations made in a given case are followed up by the Commission or referred to the proper person or agency. For example, if a child is classified for physical therapy treatment, he is listed for admission to one of the existing cerebral palsy treatment units. Recommendations for surgery are discussed with the parents. In cases where the family needs assistance with the cost of hospitalization, it is provided and referral is made to a recognized orthopaedic surgeon located in the section of the state in which the child lives. In cases where special appliances, medical attention, medication, etc., have been recommended, an effort is made to see that they are properly carried out. A major part of this follow-up is the responsibility of the nurses. Children who are found to be feeble-minded are referred to the New Jersey State Department of Institutions and Agencies, the official agency concerned with the training and care of the mental defectives of the State.

The effectiveness of the follow-up of the cerebral palsy cases seen in the survey clinics is evident in the results of a review of the first 600 cases examined. The reports of the findings of the examinations were referred to, or their content discussed with those interested, in 100 per cent of the cases. The review further shows that of those cases in which specific recommendations were made, 91 per cent have been or are being carried out. In 6 per cent the parents or patients refused, or were so situated that they could not carry out the recommendations. The remaining 3 per cent were for the most part children who had moved from the state and have been referred for follow-up to the official agency of the state in which they are now residing.

Records

A case folder is prepared for each child. This folder contains copies of reports, records, and other information that is available and important to the case. The more important administrative and clinical information contained in this folder is summarized on a card. Much of the statistical material found in the publications listed at the end of this article was taken from this system.

GENERAL WORKING PLAN TREATMENT

The treatment phase of the program was originally considered experimental in nature. The object of the treatment program was to demonstrate the benefits that children of this type can receive from special treatment. To this end, then, the treatment program was designed to be started with a single unit to be expanded as the need was felt and in terms of the success of the original unit. The original plan called for two types of treatment, one a resident type and the other an out-patient type. In the former, the patients are placed under twenty-four hour supervision, while in the latter the children live in their own homes and report to the units for treatment by appointment. The intent is to maintain a flowing population in the resident unit. After an intensive period of treatment in the resident unit, the child is to be transferred to the out-patient unit. The out-patient unit also gives services to those patients who are eligible for treatment but who do not classify for placement in the resident unit.

RESIDENT UNITS

Classification

Admission to a resident type of treatment is limited to cerebral palsied children, four to fifteen years of age (the lower age limit varies with the child's ability to cooperate), who have an average or a higher level of intelligence.

Admission to treatment is made on a three months' trial basis. At the end of this trial period, if the child's response to treatment warrants, extensions of hospitalization of three months' periods are authorized until further treatment as an in-patient is deemed inadvisable or unnecessary, providing the total time of in-patient treatment does not exceed one year.

Treatment

The central theme of the resident unit program is muscle re-education by physical therapy methods. Upon admission, an individual program of muscle re-education is prescribed by the Medical Director. The patient is scheduled to the physical therapy department for daily periods of exercise

and, in addition, has a period of one hour of supervised rest and relaxation. The child's progress is checked, on an average of once a month by the Medical Director and his treatment prescription is changed in accordance with his needs.

The physical therapy program is supplemented with individual and group project work or other activities of an occupational and/or recreational type that provide the children with physical exercise of a beneficial type.

The fact that the patients are growing children is not lost sight of. Each unit provides a well balanced program to meet their growing needs.

Schooling

The children of the units receive formal instruction. The curriculum is commensurate with that offered in the better public schools. The major part of the instruction is of an individual or small group type. Each child is placed at his present level of achievement and is permitted to progress at his individual rate. The school program is supplemented with a number of educational activities aimed to provide a broad social preparation.

Health

A resident physician looks after the general health of the children. Special provision is made in case of illness. Other health services are available. The diets of the children are prepared by a qualified dietitian.

Recreation, Entertainment and Play

The recreation, entertainment and play program is planned to emphasize the physical exercise, education, motivating and social values involved. Standard games and play are modified to come within the physical limitations of the patients' abilities wherever possible. Those offering suitable exercise are featured. Activities having educational merit are encouraged. This part of the program is also designed to encourage the child in his treatment program and is frequently the chief means of keeping him in a good frame of mind and forestalling or delaying staleness that might otherwise develop from his muscle re-education program.

Records and Reports

An extensive records system is kept in each unit. Each child's progress is reported upon by the medical director, chief physical therapist, psychologist, school principal and resident physician. General records, such as motion picture records, social maturity measurements and mental and educational tests and measurements, are available on all of the children. Physical measurements, graphs, charts, etc., are available in individual cases.

OUT-PATIENT UNITS

The out-patient treatment program differs from the resident unit program primarily in two respects. First, the classification requirements are much broader; and secondly, the patient lives at home, attends his local school, participates in the activities of his community and reports to the treatment unit only at specified times. However, the aim of the program is the same as that of the in-patient program, i.e., the improvement of muscle coordination and increasing the child's ability to use his body more efficiently.

Classification for Admission

Any cerebral palsied child that is capable of responding to muscle re-education, who is four to twenty-one years of age, who has average or a better level of intelligence, is eligible for out-patient treatment. Preference is shown those who have had in-patient treatment.

Treatment

The two principal forms of therapy employed in out-patient treatment are systematic relaxation and specific muscle re-education. Upon admission an individual program is prescribed by the Medical Director. This prescription is followed by the physical therapist in treating the child. The child's progress is checked, on an average of once a month by the medical director and the treatment prescription is changed in accordance with his needs.

TREATMENT UNITS

Babbitt Hospital, The Training School, Vineland

The first cerebral palsy treatment unit in the State was established at Babbitt Hospital, December, 1936. This was an experiment in the muscle re-education of cerebral palsied children. The experiment was terminated and the Hospital closed in August, 1942, after it had been clearly demonstrated that children of this type could be physically benefited by the methods of treatment employed.

A. Harry Moore School, Jersey City

This is a special school for crippled children, operated by the Jersey City Board of Education. A program for the treatment of cerebral palsied children was established in September, 1938. Treatment is of an out-patient type. Originally treatment was limited to children enrolled in the school, but in September, 1942, the program was expanded to include any cerebral palsied child in the school system of Jersey City.

Hospital and Home for Crippled Children, Park and Clifton Avenues. Newark

This institution has been contributing to the welfare of crippled children for over fifty years. A special treatment program for cerebral palsied children was established in September, 1942. This unit provides both an in-patient and out-patient type of service.

PUBLICATIONS

Buch, J. G. and Howett, Harry H.—"The New Jersey State Project for Cerebral Palsy.' Institutional Bulletin No. 23, April 1939. National Society for Crippled Children, Elyria, Ohio.

Hansen, Ruth — "It Can Be Done", Training School Bulletin; 36: 29-34; April 1939.
"The Three R's of Handwriting", Training School Bulletin; 39: 1-7; March 1940.

Johnstone, Edward R.—"Report of the Director", Training School Bulletin; Volume 36; September 1939.
"Report of the Director", Training School Bulletin; Volume 37; September 1940.
"Report of the Director", Training School Bulletin; Volume 38; September 1941.
"Report of the Director", Training School Bulletin; Volume 39; September 1942.

McIntire, J. Thomas —"The Incidence of Feeble-Mindedness in the Cerebral Palsied". Proceedings of American Association on Mental Deficiency. 43:44-50; 1938.
"New Jersey Cerebral Palsy Project"; Mimeographed article by the New Jersey State Crippled Children's Commission—1939.
"Discussion of Cerebral Palsy"; Proceedings 20th Annual Convention, National Society for Crippled Children, Ashville, North Carolina, October 1940.
Cerebral Palsy Bibliography; Institutional Bulletin No. 30, February 1941; National Society for Crippled Children.
"Cerebral Palsy Treatment Equipment"; The Crippled Child; 20: 94-96 March 1942.
"An Experiment in the Treatment of Cerebral Palsied Children"; Training School Bulletin; 39:158-163; December 1942.
"Follow-up of Cerebral Palsy Cases"—Accepted for publication.
"The Cerebral Palsy Survey"—Statistical analysis of 500 cases. In manuscript.

Phelps, Winthrop M. —"The New Jersey State Project for Cerebral Palsy"; Journal of Medical Society of New Jersey; 34:552-555; September 1937.
"Cerebral Palsy and Poliomyelitis as They Concern the Family Doctor"; Journal of the Medical Society of New Jersey; 35:78-85; February 1938.